

CORRECTIVE ACTION REPORT CERTIFICATION

**KENTUCKY
DEPARTMENT
FOR
ENVIRONMENTAL
PROTECTION**

Mail completed form to:
**DIVISION OF WASTE MANAGEMENT
 UNDERGROUND STORAGE TANK BRANCH
 200 FAIR OAKS LANE, SECOND FLOOR
 FRANKFORT, KENTUCKY 40601
 502-564-5981
<http://waste.ky.gov/ust>**

FOR STATE USE ONLY**I. GENERAL INFORMATION**

Agency Interest No.:	UST Facility Address:	PSTEAF Application Number (if applicable):
Latitude and Longitude of UST Facility: Latitude: Longitude:	County:	UST Facility Name:

REPORT TYPE:

- | | |
|---|---|
| <input type="checkbox"/> Conceptual Site Model (CSM) Report
<input type="checkbox"/> Feasibility Study Report
<input type="checkbox"/> Pilot Study Report | <input type="checkbox"/> Corrective Action Plan (CAP) Report
<input type="checkbox"/> Risk Assessment Report
<input type="checkbox"/> Other _____ |
|---|---|

CONTACT INFORMATION:

Tank Owner Name:			Contractor/Consultant Name:		
Address:			Address:		
City:	County:	Zip code:	City:	County:	Zip code:
Telephone:	Fax:	E-mail:	Telephone:	Fax:	E-mail:

II. CERTIFICATION

Under the requirements of KRS Chapter 322 and 322A, this report shall be completed and signed by a Professional Geologist (P.G.) registered with the Kentucky Board of Registration for Professional Geologists, or a Professional Engineer (P.E.) licensed with the Kentucky Board of Licensure for Professional Engineers and Land Surveyors.

I, THE UNDERSIGNED, STATE, UNDER PENALTY OF LAW, THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS RESPONSIBLE FOR OBTAINING THE INFORMATION, I CERTIFY THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE.

Name and Title (Type or Print): _____

Signature/Date: _____

Registration Number, Date and Seal: _____



If you have questions on how to fill out this form or to request a review of your site records, contact the UST Branch at 502-564-5981 or visit our Web site at <http://waste.ky.gov/ust>.